

Older Americans Act Reauthorization

Status: The Older Americans Act (OAA) is up for reauthorization in 2005. Currently, nutrition programs make up the largest single component authorized by the Act. Some programs provide nutrition screening, education and counseling, and other supportive services, but such services are not consistently available across the country. Annually, about 250 million congregate and home-delivered meals are served to approximately 2.6 million older adults. However, millions more would benefit from nutrition services if they were more broadly available, and participants and caretakers of older adults served by OAA should have access to meals, nutrition screening, nutrition education and counseling by a registered dietitian.

Policy Proposals: The American Dietetic Association has identified legislative proposals that would:

- Ensure that someone with specific nutrition expertise and ideally, a registered dietitian, is required in each state unit on aging.
- Ensure greater inclusion and integration of nutrition education and, if appropriate, assessment and counseling, in OAA nutrition programs
- Allow greater flexibility for meal planning, while maintaining the standard that meals served comply with the most current dietary guidance and meet the recommended daily dietary reference intakes
- Extend nutrition screening, education, assessment and counseling to caregivers of older adults served by OAA programs. Meals for caregivers could be funded by Title III or under the National Caregiver Support Program.
- Require the Assistant Secretary to specifically fund one or more nutrition and physical activity resource centers under Title IV.
- Maintain the current structure that separates home-delivered, congregate meal funds and the Nutrition Services Incentive Program (NSIP)

Rationale: The aging population today is the most diverse and well educated the U.S. has ever seen, yet arguably the most burdened with chronic diseases, including overweight and obesity. As the proportion of the United States population living to older ages grows, it increases demands on the public health system and on health care and social services, including various types of food and nutrition services.

Good nutrition is a major determinant of successful aging. As primary prevention, a nutritionally sound diet promotes health and functionality, and it improves the quality of life of older adults. As secondary and tertiary prevention, medical nutrition therapy (MNT) is an effective disease management strategy that lessens chronic disease risk, slows disease progression and reduces symptoms.

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Older adults who routinely eat nutritious food and drink adequate amounts of fluids are less likely to have complications from chronic disease and to require care in a hospital, nursing home or other facility. Healthy lifestyles appear to be more influential than genetic factors in helping older people avoid declines traditionally associated with aging. Likewise, poor nutrition can increase a person's risk for conditions such as hypertension and dyslipidemia, and diseases such as cardiovascular disease, diabetes, osteoporosis and certain cancers in later life. Maintaining a healthy body weight is important for older adult health, since being overweight or obese is associated with a greater risk of diseases, such as those listed above, and can worsen existing conditions. While the most common nutritional disorder in older persons is obesity, under nutrition and underweight continue to be pervasive problems and can be of significant prognostic importance among older adults in community settings.

The American Dietetic Association